

## OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

### SECTION 1 – IP DEVELOPMENT

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
1.1	Does the individual plan address the assessed needs of the individual as identified in the Comprehensive Functional Assessment (CFA)? 5123:2-3-17			
1.2	Did the individual or guardian give consent to the IP prior to implementation? 5123:2-3-17	<ul style="list-style-type: none"> <li>• Consent must be written, not just verbal. When an attendance sheet is used, it must specifically identify that the signature is documenting both attendance and consent or have a separate space for consent.</li> </ul>		
1.3	Was the plan reviewed annually? 5123:2-3-17	<ul style="list-style-type: none"> <li>• The review should be done to correspond with the 365-day IP span unless the span is being adjusted.</li> </ul>		
1.4	Was the IP revised based on the changes in the individuals needs/wants? 5123:2-3-17	<ul style="list-style-type: none"> <li>• Consider significant life changes such as moving, changing providers or roommates, a change in the BSP, or the addition of a rights restriction. Was there an update to the comprehensive functional assessment during the plan year and if so, was the IP updated accordingly?</li> </ul>		
1.5	Does the individual’s plan include a path to employment? 5123:2-2-05	<ul style="list-style-type: none"> <li>• The IP must address where the person is on the path to employment using one of the following four stages...                             <ol style="list-style-type: none"> <li>a. The person is currently competitively employed</li> <li>b. The person wants and needs assistance to become competitively employed</li> </ol> </li> </ul>		

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		<ul style="list-style-type: none"> <li>c. The person wants/needs assistance to explore employment options</li> <li>d. The person does not express a desire to work</li> </ul>		

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### *SECTION 2 – MEDICATION ADMINISTRATION*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
2.1	If the individual(s) being served are unable to self-medicate, is the medication stored in a secure location?  5123:2-3-09	<ul style="list-style-type: none"> <li>All medications must be secured in an ICF-IID. Individuals assessed as being able to self-administer medications may maintain their own medication in a secured lockbox or other secured manner in their bedroom or personal space.</li> </ul>		
2.2	If the individual(s) being served are unable to self-medicate, is the medication in a pharmacy labeled container? 5123:2-3-09	<ul style="list-style-type: none"> <li>This may include a pharmacy pill bottle or pharmacy blister pack.</li> </ul>		
2.3	If the individual(s) being served are unable to self-medicate, was a self-medication assessment completed? 5123:2-3-09	<ul style="list-style-type: none"> <li>An ICF-IID may utilize the DODD med admin assessment, or utilize their own assessment which includes the same elements as the DODD form. A new self-medication assessment must be completed every 3 years or if there has been a change in the needs of the individual. The person completing the form must know the individual.</li> </ul>		
2.4	If the individual is not self-medicating has the assessment been reviewed annually, and revised as-needed? 5123:2-3-09	<ul style="list-style-type: none"> <li>A new assessment must be done every 3 years at a minimum, with an annual review each year end between.</li> </ul>		
2.5	If delegated nursing is identified in the plan, is there a statement of delegation, evidence of on-going assessment, and annual skills checklist? 5123:2-3-09	<ul style="list-style-type: none"> <li>ICF-IIDs of 1-5 individuals may provide medication administration without delegation.</li> <li>ICF-IIDs of 6-15 individual may provide delegated nursing services.</li> <li>Nursing must administer medications in all other settings of 16 or more individuals.</li> </ul>		

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		<ul style="list-style-type: none"> <li>ICF-IIDs of 16 or more may delegate only on outings.</li> </ul>		

### SECTION 3 – BEHAVIOR SUPPORT

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
3.1	If the service plan includes a restrictive measure, are behavioral supports employed with sufficient safeguards? 5123:2-2-06	<ul style="list-style-type: none"> <li>Has staff been trained?</li> <li>Was supervision available that ensured health, welfare, and rights of the individual?</li> </ul>		
3.2	If the plan has behavioral strategies that include restrictive measures, is there evidence that the strategy was reviewed by the individual and the team at least every 90 days to determine the effectiveness of the strategy? 5123:2-2-06	<ul style="list-style-type: none"> <li>If decision was made to continue did the up to date information indicate risk or harm or likelihood of legal sanction is still present.</li> </ul>		
3.3	If the plan includes restrictive measures, is there evidence of an assessment within the past twelve months that clearly describes risk of harm or likelihood of legal sanction? 5123:2-2-06	<ul style="list-style-type: none"> <li>For behavior support strategies to be developed, assessment must clearly describe:                             <ul style="list-style-type: none"> <li>Behavior that poses risk of harm or likelihood of legal sanction</li> <li>Level of harm or type of legal sanction that could occur with behavior</li> <li>When is behavior likely to occur</li> <li>Individual factors (medical, environment etc.) that may be contributing</li> </ul> </li> </ul>		
3.4	Were all restrictive measures addressed in the plan and approved by the Human Rights Committee? 5123:2-2-06	<ul style="list-style-type: none"> <li>Examples: house rules, dietary restrictions, imposed bedtimes, locked cabinets, visitor limitations, etc... It is not permissible for these restrictions to be outside of the restrictive measure requirements</li> </ul>		

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		<ul style="list-style-type: none"> <li>Criminal court orders are not required to be approved by the HRC</li> </ul>		
3.5	<p>Is there evidence that the person conducting assessments and developing behavioral strategies that include restrictive measures have required credentials? 5123:2-2-06</p>	<ul style="list-style-type: none"> <li>Hold a professional license or certification issued by Ohio board of psychology: the state medical board of Ohio: or the Ohio counselor, social worker, and marriage and therapist OR</li> <li>Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of Revised code OR</li> <li>Hold minimum of bachelor's degree and 3 years paid full time experience developing and/or implementing behavior support strategies</li> </ul>		
3.6	<p>Are restrictive strategies person-centered and interwoven into a single plan? 5123:2-2-06</p>	<ul style="list-style-type: none"> <li>There should be no separate behavior support plans. Restrictive strategies should be included in a manner similar to all other support strategies.</li> <li>Citations will not be issued for this question until April 2016 unless the provider presents no evidence of systemic change.</li> </ul>		
3.7	<p>Is there evidence that informed consent was received from the individual or guardian prior to the restrictive strategies being submitted to the HRC for approval? 5123:2-2-06</p>	<ul style="list-style-type: none"> <li>Informed consent must be written.</li> <li>A scanned signature submitted electronically is acceptable</li> </ul>		
3.8	<p>Is the behavior support strategy directed at: 1. Mitigating risk of harm or legal sanction 2. Reducing and eliminating need for restrictive measures 3. Ensuring the environment includes preferred activities so individuals are less likely to engage in unsafe actions due to behavior 5123:2-2-06</p>	<ul style="list-style-type: none"> <li>Is the person's preferences considered?</li> <li>Is there achievable success criteria in the strategies?</li> <li>Is there a plan to reduce or eliminate the restrictive measures?</li> </ul>		

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3.9	<p>Is there a provider record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. Bed alarm or locked cabinet)? 5123:2-2-06</p>			
3.10	<p>Does the provider/county board have a human rights committee that includes the following?</p> <ul style="list-style-type: none"> <li>• At least 4 people</li> <li>• At least 1 individual who receives or is eligible to receive specialized services</li> <li>• Qualified persons with training or experience in contemporary practices of Behavior Support</li> <li>• Reflect a balance of:                             <ul style="list-style-type: none"> <li>o Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive services.</li> <li>o County boards or providers</li> </ul> </li> </ul> <p>5123:2-2-06</p>	<ul style="list-style-type: none"> <li>• A committee can serve more than one county board or provider</li> <li>• Community representatives do not account on either side of the balance.</li> <li>• Ensure that authors of restrictive measures who sit on the HRC do not “vote” on the measures they wrote.</li> </ul>		
3.11	<p>Did all members of the Human Rights Committee receive department approved training within three months of appointment to the committee in: rights of individuals with disabilities, person-centered planning, informed consent, confidentiality, and the requirements of 5123:2-2-06?</p>	<ul style="list-style-type: none"> <li>• ICFs can share committees with other entities</li> <li>• The ICF can have received approval of their own trainings or utilized the department trainings.</li> <li>• Department online trainings of:                             <ul style="list-style-type: none"> <li>o Behavioral Support Strategies that Include Restrictive Measures,</li> <li>o Human Rights Committee, and</li> <li>o Rights of People with Developmental Disabilities</li> </ul>                             meet the 5 required areas above.                         </li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
3.12	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123:2-2-06			
3.13	If the service plan includes time out or restraint, are the interventions being implemented only when risk of harm is evidenced? 5123:2-2-06	<ul style="list-style-type: none"> <li>There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.</li> </ul>		
3.14	If the service plan includes rights restrictions, are the interventions being implemented only when risk of harm or likelihood of legal sanction are evidenced? 5123:2-2-06	<ul style="list-style-type: none"> <li>There must be a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm. Legal sanction is met when the person's actions are very likely to result in eviction, arrest, or incarceration.</li> </ul>		
3.15	If the plan includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted prior to implementation?  5123:2-2-06	<ul style="list-style-type: none"> <li>Could be evidenced by copy of email submission, support staff verification, or viewing on the RMN system</li> </ul>		
3.16	Does the provider have a policy which reflect requirements of the rule? 5123:2-2-06	<ul style="list-style-type: none"> <li>The Policy and Procedure should not contain any standards not permissible per the rule</li> <li>The Policy and Procedure may additionally address: HRC quorums,</li> </ul>		

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		age appropriateness, crisis program usage, etc...		

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**SECTION 4 – MONEY MANAGEMENT**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
4.1	Does the ICF-IID ensure that individuals have access to their funds as stipulated in the IP? 5123:2-3-14	<ul style="list-style-type: none"> <li>For an ICF-IID, individual funds must be available for the individual's use within 5 days of receipt. This includes all monies such as personal allowance, employment, gifts, income tax refunds and food stamps.</li> <li>The IP will specify the level of independence the individual has to handle money and any types of assistance to be provided.</li> </ul>		
4.2	Does the ICF-IID ensure that cash accounts, savings accounts, and checking accounts are reconciled at least every 60 days by someone who does NOT handle the individual funds? 5123:2-3-14	<ul style="list-style-type: none"> <li>The ICF-IID should have ledgers or documents listing financial activity for each type of account the individual has, including gift cards and food stamps.</li> <li>Ask about pooled accounts. If an account is interest bearing, how does the agency ensure that the individuals accurately earn interest? Ask if petty cash is made up of agency monies or that of the individuals.</li> </ul>		
4.3	Does the ICF-IID maintain receipts as required by the individual's IP? 5123:2-3-14	<ul style="list-style-type: none"> <li>The provider must maintain all receipts for expenditures made on behalf of the individual unless the IP indicates otherwise. Receipts are NOT required for the expenditure of funds done by the individual with monies they can independently manage.</li> <li>Copies of shared receipts should be kept for each individual.</li> </ul>		
4.4	Does the ICF-IID ensure that the account transaction records/ledgers include Individual or staff signatures for;	<ul style="list-style-type: none"> <li>Ledger must include the individuals' signature, initials or mark unless the IP</li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	<ul style="list-style-type: none"> <li>• Withdrawals</li> <li>• Deposits</li> </ul> <p>5123:2-3-14</p>	<p>indicates otherwise. Ledger must include the staff signature or initials. If initials are used, a legend must be available to know which staff person initialed the ledger. The use of electronic ledgers is allowable and should be addressed in the IP to state that signatures of staff and individuals are not required. The electronic system must have a way to identify the staff to whom money was given for use on behalf of an individual.</p>		
4.5	<p>Does the ICF-IID ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit?</p> <p>5123:2-3-14</p>	<ul style="list-style-type: none"> <li>• Should be specific to the transaction and include sufficient information to determine how the money was used or from what source the money came.</li> </ul>		
4.6	<p>Does the ICF-IID ensure that the account transaction records/ledgers include Dates of each withdrawal and deposit?</p> <p>5123:2-3-14</p>	<ul style="list-style-type: none"> <li>• Should be specific to the transaction.</li> </ul>		
4.7	<p>If the service plan includes assistance with money management, are the individuals' funds being managed as indicated in the plan?</p> <ul style="list-style-type: none"> <li>• Bill paying</li> <li>• Banking</li> <li>• Shopping</li> </ul> <p>5123:2-3-14</p>	<ul style="list-style-type: none"> <li>• Examples include: shared expenses as indicated in the IP, including grocery shopping and food stamp cards.</li> <li>• Are bills being paid on time? Have late fees and insufficient fund fees been reimbursed by the provider? Are accounts separated?</li> <li>• Ensure that burial funds are managed properly and certificates are maintained.</li> </ul>		
4.8	<p>Is there a personal inventory of items with a value of \$50.00 or more?</p> <p>5123:2-3-14</p>	<ul style="list-style-type: none"> <li>• An inventory is <b>NOT</b> required for items with a value of less than \$50 unless the IP indicated otherwise. An initial inventory is to be completed within 30 days of occupancy and a final inventory is to be done within 14 days of discharge. The inventory</li> </ul>		

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		should include information necessary to accurately describe the item(i.e. plasma TV, Serial number 1100000-0001)		
4.9	Is there evidence that the individual is able to purchase items, goods, and services of his/her preference? 5123:2-3-14	<ul style="list-style-type: none"> <li>Does the individual's room include personal items, decorations? Is there evidence that individual has what they want/need? If the individual is purchasing items typically provided by the licensee (food, clothing, hygiene supplies, adaptive equipment, etc.) does the IP indicate the individual/guardian's consent to the purchase?</li> </ul>		

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### *SECTION 5 – INDIVIDUAL PLAN IMPLEMENTATION*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
5.1	Are medication, treatments and dietary orders being followed? 5123:2-3-17	<ul style="list-style-type: none"> <li>This information may come from the review of the Medication Administration Record (MAR), doctor's order, OT/PT and Speech Plans, consultation forms, nurse's notes, unusual incidents, observation and interview.</li> </ul>		
5.2	Is the plan being implemented as written? 5123:2-3-17	<ul style="list-style-type: none"> <li>This information may come from review of the documentation, review of the frequency/duration of services delivered, interview, and observation. Also, verify that services addressed in the plan match the service documentation.</li> </ul>		
5.3	Are all needs identified in the Comprehensive Functional Assessment (CFA) also addressed in the plan?  5123:2-3-17	<ul style="list-style-type: none"> <li>Look at the CFA to determine if assessed needs are addressed in the IP. The team may prioritize the assessed needs of the individual. Look for unmet health and safety needs.</li> </ul>		
5.4	Is there evidence that the provider took action on an individual's need/want, when they were aware of it? 5123:2-3-17	<ul style="list-style-type: none"> <li>A citation is issued only when there is evidence that the provider was aware of the need/want, but did not take any action. If a new need/want is identified during the course of the review, a citation will not be issued</li> </ul>		
5.5	Was the individual actively participating in activities throughout the review? 5123:2-3-17	<ul style="list-style-type: none"> <li>Ensure that the individual has been offered activities and chooses not to participate.</li> </ul>		
5.6	Did the individual participate in day programming? 5123:2-3-24	<ul style="list-style-type: none"> <li>This should be marked compliant if the person typically attends day program but was home on the day of the review.</li> <li>If an individual does not go to an off-site day activity program, check IP, MAR, or other documentation to ensure that there</li> </ul>		

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		is evidence that off-site day activity is contraindicated. Provider may provide on-site day activity services if they were doing so prior to 7/1/05.		
5.7	Is staff available based on the assessed needs of the individuals? 5123:2-3-07	<ul style="list-style-type: none"> <li>• Are supervision levels being met?</li> <li>• Are there adequate staff on each shift to meet the supervision levels of each individual (i.e.; for evacuation, to implement behavior support interventions, to ensure safety, etc.)?</li> </ul>		

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*SECTION 6 – MUI/UI*

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
6.1	<p>Upon identification of a MUI, is there evidence that the ICF-IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> <li>• Immediate and on-going medical attention</li> <li>• Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the ICF-IID/DD has reasonably determined that such removal is no longer necessary</li> <li>• Other necessary measures to protect the health and safety of at-risk individuals</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• The ICF-IID must ensure that when a staff person is not removed from the direct contact that the staff person has no unsupervised contact with the alleged victim or any other individual who may be considered at risk.</li> </ul>		
6.2	<p>Is there evidence that the ICF-IID notified the county board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> <li>• Abuse (physical, sexual and verbal)</li> <li>• Exploitation</li> <li>• Misappropriation</li> <li>• Neglect</li> <li>• Suspicious/Accidental Death</li> <li>• Media Inquiry</li> <li>• Peer to Peer</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Ask how the provider documents the date and time of the initial notification.</li> <li>• Check MUI ITS, fax cover sheet or provider documents.</li> <li>• Every CB is required to have 24-hour availability.</li> </ul>		
6.3	<p>Is there evidence that the ICF-IID submitted a written incident report to the county board contact or designee no later than three p.m. the next working day following initial knowledge</p>	<ul style="list-style-type: none"> <li>• Does not include DC</li> </ul>		

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	of a potential or determined major unusual incident? 5123:2-17-02			
6.4	Is there evidence that the DC made all required reports to the Department and Ohio State Highway Patrol? 5123:2-17-02	<ul style="list-style-type: none"> <li>• DC Only</li> </ul>		
6.5	Is there evidence that when an ICF has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, they notified the county board or department, as applicable, of any changes regarding the protective action? 5123:2-17-02			
6.6	Is there evidence that notifications were made on the same day of the incident to the following as applicable: <ul style="list-style-type: none"> <li>• Guardian</li> <li>• Residential Provider</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Notification must be made on the SAME DAY the MUI occurs or is discovered. 24-hour notice is not sufficient.</li> <li>• The incident may not be immediately classified as an MUI, such as an injury that is diagnosed as a fracture several days later. An ICF-IID can complete an internal investigation. If there is sufficient evidence to suggest that the incident may result in an MUI being filed, the ICF-IID should notify the CB and guardian of the "potential" MUI.</li> <li>• Check MUI ITS, fax cover sheet or provider documents.</li> </ul>		
6.7	If applicable, were appropriate notifications made to other agencies? <ul style="list-style-type: none"> <li>• Children's Services</li> <li>• Law Enforcement (for allegations of a crime)</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Children under 21 years</li> <li>• Any allegation of exploitation, failure to report, misappropriation, neglect, peer to peer acts, physical abuse, sexual abuse, verbal abuse which may constitute a</li> </ul>		

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		crime must be immediately reported to LE		
6.8	Is there evidence that the provider or CB employing a primary person involved notified the department when they are aware that the primary person involved worked for another provider? 5123:2-17-02			
6.9	Is there evidence the ICF-IID cooperated with the investigation of MUIs? Timely submission of requested information 5123:2-17-02	<ul style="list-style-type: none"> <li>• When the ICF-IID conducts an internal review, they must submit results (statements and documents) within 14 calendar days (does not apply to developmental centers).</li> <li>• Check MUI ITS, fax cover sheet or provider documents.</li> </ul>		
6.10	Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation and that the individual's IP was revised if necessary? 5123:2-17-02	<ul style="list-style-type: none"> <li>• The prevention plan is at the end of the final MUI report. Refer to ITS for this information if necessary. Not all prevention plans require IP revisions.</li> <li>• Make sure agency and ITS plans match.</li> </ul>		
6.11	Upon identification of an unusual incident, is there evidences that the provider took the following immediate actions as appropriate: <ul style="list-style-type: none"> <li>• Report was made to the designated person</li> <li>• Report was made within 24 hours of the incident</li> <li>• Appropriate actions were taken to protect the health and safety of the at-risk individual</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Check UI report</li> </ul>		
6.12	Did the ICF-IID conduct a monthly review of unusual incidents?	<ul style="list-style-type: none"> <li>• Ensure all UI's are listed on the UI log. Provider needs to develop a systematic approach for reviewing UI's to determine if there are trends or patterns of 3 similar</li> </ul>		

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	5123:2-17-02	incidents in a week or 5 similar incidents in a month and that this is addressed by the team. The review may be kept electronically but must show monthly review		
6.13	<p>Is there evidence that the Provider:</p> <ul style="list-style-type: none"> <li>• Conducted a semi-annual and annual analysis and implemented follow up actions</li> <li>• Sent the analysis and follow up to the County Board for all programs operated in the County by 8/31 (semi-annual) and by 2/28 (annual)</li> </ul> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• Can be via an e-mail sent to CB. Refer to the Health and Safety Toolkit on the DODD website for forms, templates and examples.</li> <li>• Jan-June = Semi-annual</li> <li>• Jan.-Dec. = Annual All reviews and analysis shall be completed within 30 calendar days following the end of the review period.</li> </ul>		
6.14	<p>Is there evidence that the Pattern and Trends Analysis report contains the following required elements:</p> <ul style="list-style-type: none"> <li>• Date of review;</li> <li>• Name of person completing review;</li> <li>• Time period of review;</li> <li>• Comparison of data for previous three years;</li> <li>• Explanation of data;</li> <li>• Data for review by major unusual incident category type;</li> <li>• Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team);</li> <li>• Specific trends by residence, region, or program;</li> <li>• Previously identified trends and patterns; and</li> </ul>	<ul style="list-style-type: none"> <li>• Sample Analysis Tips are available on the Health and Safety Tool kit</li> <li>• 5 MUI of any kind within 6 months, 10 MUI of any kind within a year, or other pattern identified by the individual's team); specific trends by residence, region, or program; previously identified trends and patterns; action plans and preventive measures to address noted trends and patterns</li> <li>• The CB shall ensure that trends &amp; patterns of MUIs are included and addressed in the ISP of each individual affected</li> </ul>		

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	<ul style="list-style-type: none"> <li>Action plans and preventive measures to address noted trends and patterns 5123:2-17-02</li> </ul>			
6.15	During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident? 5123:2-17-02	<ul style="list-style-type: none"> <li>Based on review of the MAR, nurses' notes, daily documentation and narrative staff notes, interviews, observation, compare with UI logs. Ensure that incident meets the definition of a UI or MUI.</li> </ul>		
6.16	Is there evidence the ICF-IID completed the general investigation requirements found in OAC 5123:2-17-02 (H)? 5123:2-17-02	<ul style="list-style-type: none"> <li>Reviewed by MUI staff- DC only.</li> </ul>		
6.17	Is there evidence that the ICF-IID developed and implemented a written unusual incident policy and procedure that: <ul style="list-style-type: none"> <li>Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule;</li> <li>Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can</li> <li>initiate proper action;</li> <li>Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and</li> <li>Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed by MUI staff- DC only.</li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	5123:2-17-02			
6.18	Did the ICF-IDD ensure that all staff were trained and knowledgeable regarding the unusual incident policy and procedure? 5123:2-17-02			
6.19	Is there evidence that the Incident Report contains the following required elements? <ul style="list-style-type: none"> <li>• Individual's name;</li> <li>• Individual's address;</li> <li>• Date of incident;</li> <li>• Location of incident;</li> <li>• Description of incident;</li> <li>• Type and location of injuries;</li> <li>• Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;</li> <li>• Name of primary person involved and his or her relationship to the individual;</li> <li>• Names of witnesses;</li> <li>• Statements completed by persons who witnessed or have personal knowledge of the incident;</li> <li>• Notifications with name, title, and time and date of notice;</li> <li>• Further medical follow-up; and</li> <li>• Name of signature of person completing the incident report.</li> </ul> 5123:2-17-02			
6.20	Is there evidence that the ICF-IDD reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and <b>trends and patterns</b> identified and addressed? 5123:2-17-02			

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
6.21	Did the ICF-IDD make the unusual incident report, documentation of patterns and trends and corrective actions available to the CB and Department upon request? 5123:2-17-02			
6.22	Upon identification of an unusual incident, is there evidence that the ICF-IDD took the following immediate actions as appropriate: <ul style="list-style-type: none"> <li>• Report was made to the designated person</li> <li>• The UI report was made within 24 hours of the incident</li> <li>• Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.</li> </ul> 5123:2-17-02			
6.23	Did the provider/County Board maintain a log of unusual incidents which includes: <ul style="list-style-type: none"> <li>• Name of Individual</li> <li>• Description of Incident</li> <li>• Identification of Injuries</li> <li>• Time/Date of Incident</li> <li>• Location of Incident</li> <li>• Preventative Measures</li> </ul> 5123:2-17-02	<ul style="list-style-type: none"> <li>• Sample UI Log Available on Health and Safety Toolkit</li> <li>• Required for Agency and Independents</li> </ul>		
6.24	Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately? 5123:2-17-02	<ul style="list-style-type: none"> <li>• Was administrator or designee notified on the same day the incident was identified?</li> </ul>		
6.25	Is there evidence that the ICF-IDD completed an Incident Report for all unusual incidents? 5123:2-17-02	<ul style="list-style-type: none"> <li>• Check UI report</li> <li>• This applies to all incidents that meet the definition of an unusual incident.</li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
6.26	<p>DEVELOPMENTAL CENTERS ONLY: INTAKE INVESTIGATION</p> <ol style="list-style-type: none"> <li>1. <b>Is there evidence that the MUI was incorrectly coded?</b></li> <li>2. <b>Does the MUI contain adequate information for appropriately categorizing it under Appendix A, B, or C?</b></li> <li>3. <b>Is there evidence that a separate investigation should have occurred?</b></li> <li>4. <b>Is there evidence of law enforcement notification and follow up?</b></li> <li>5. <b>Is there documentation of a scene assessment?</b></li> <li>6. <b>Is there evidence of timely initiation of investigation?</b></li> </ol> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
6.27	<p>DEVELOPMENTAL CENTERS ONLY: INTERVIEWS:</p> <ol style="list-style-type: none"> <li>1. <b>Is there evidence of the individual being interviewed within 3 days?</b></li> <li>2. <b>Is there evidence of the PPI being interviewed?</b></li> <li>3. Did the IA identify and interview the reporter, witnesses, and all relevant others based upon information collected from incident reports, documentation, and investigation interviews?</li> <li>4. <b>Is there evidence of written statements?</b></li> </ol>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	<p><b>5. Was there any other documentation of interviews?</b></p> <p><b>6. Were follow-up interviews conducted?</b></p> <p>5123:2-17-02</p>			
6.28	<p>DEVELOPMENTAL CENTERS ONLY: DOCUMENTATION:</p> <ol style="list-style-type: none"> <li>1. Is there evidence that the incident report and all other documentation from the reporter of the incident was gathered?</li> <li>2. Is there evidence that information regarding the individual (e.g. ISP, bank statements, inventory, medical conditions) was gathered and reviewed?</li> <li>3. Is there evidence that documentation was gathered and reviewed of injuries, medical attention, and the possible cause of injury from a medical professional?</li> <li>4. Were relevant photos taken, audio and/or video recordings gathered, and documented?</li> <li>5. Is there evidence that all relevant documentation (e.g. training records, nursing notes, schedules) was gathered and reviewed?</li> </ol> <p>5123:2-17-02</p>	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		
6.29	DEVELOPMENTAL CENTERS ONLY:	<ul style="list-style-type: none"> <li>• THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF</li> </ul>		

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	<p>DOCUMENTATION REVIEW AND INCIDENT SPECIFIC QUESTIONS:</p> <ol style="list-style-type: none"> <li>1. Does the investigation report provide all documentary evidence in a clear, complete, and non-ambiguous manner?</li> <li>2. Does the investigation report address the incident specific questions of all MUIs: Appendix A, B, or C.</li> </ol> <p>5123:2-17-02</p>			
6.30	<p>DEVELOPMENTAL CENTERS ONLY RELEVANT HISTORY / RELATIVE CREDIBILITY:</p> <ol style="list-style-type: none"> <li>1. Was the relevant history of the individual, PPI, reporter, witnesses, and others evaluated?</li> <li>2. Did the investigation report provide evidence that the relative credibility of the individual, PPI, witnesses, and all other relevant parties was evaluated</li> </ol> <p>5123:2-17-02</p>	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		
6.31	<p>DEVELOPMENTAL CENTERS ONLY ANALYSIS AND CAUSE AND CONTRIBUTING FACTORS:</p> <ol style="list-style-type: none"> <li>1. Does the investigation report include a succinct and well-reasoned analysis of the evidence that clearly indicates the rationale for substantiation or un-substantiation of the allegation(s)?</li> </ol>	THIS QUESTION WILL ONLY BE ASKED BY DODD MUI STAFF		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	2. Does the investigation report include evidence that the IA collected sufficient information to include a well-reasoned determination of the cause and contributing factors of the incident?			

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

**SECTION 7- PERSONNEL**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
7.1	Did the provider complete a valid BCII/FBI checks, using the correct reason code or reason title, every five years for direct service employees? 5123:2-2-02; 5160-45-07	<ul style="list-style-type: none"> <li>• Applies to all settings</li> <li>• Mark as non-compliant if <b>initial</b> checks were <b>not completed at all</b></li> <li>• FBI check if employee hasn't been an Ohio resident for 5 yrs. Previous</li> <li>• Provider used the incorrect reason code</li> </ul>		
7.2	Did the provider complete a valid BCII/FBI checks, using the correct reason code or reason title, every five years for direct service employees? 5123:2-2-02; 5160-45-07	<ul style="list-style-type: none"> <li>• FBI check if employee hasn't been an Ohio resident for 5 yrs. Previous</li> <li>• Provider used the incorrect reason code</li> </ul>		
7.3	Did the provider complete a valid BCII/FBI checks, using the correct reason code or reason title, in a timely manner by conducting the checks prior to hire and within 5 years of the previous check? 5123:2-2-02; 5160-45-07 5123:2-2-02	<ul style="list-style-type: none"> <li>• Mark as non-compliant <b>if either the initial or 5 year checks were completed late</b></li> <li>• Provider used the incorrect reason code or reason title</li> </ul>		
7.4	<p>Did the provider complete the following <u>initial</u> database checks for employees?</p> <ul style="list-style-type: none"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Mark as non-compliant if checks were <b>not completed at all</b></li> <li>• Applies to employees hired after 1/1/13</li> <li>• Online data base checks are conducted every 5 years for all direct service providers</li> <li>• Persons on the data base may not be employed to provide services to individuals</li> <li>• For ICF-IIDs, this is not required for staff hired prior to January 1, 2013 until December 31, 2014.</li> </ul>		

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
7.5	<p>Did the provider complete the following checks every five years for employees</p> <ul style="list-style-type: none"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim</li> <li>• Offenders Database</li> <li>• U.S. general services administration system for award management database</li> <li>• Database of incarcerated and supervised offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Beginning 1/1/13.</li> <li>• Issue citation here if checks were NEVER done.</li> </ul>		
7.6	<p>Did the provider complete the database checks timely by completing the checks prior to hire and within 5 years of the previous check?</p> <ul style="list-style-type: none"> <li>• Inspector General’s Exclusion List</li> <li>• Sex Offender and Child Victim</li> <li>• Offenders Database</li> <li>• U.S. General Services Administration System for Award Management Database</li> <li>• Database of Incarcerated and Supervised Offenders</li> <li>• Abuser Registry</li> <li>• Nurse Aide Registry</li> </ul> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Mark as non-compliant <b>if either the initial or 5 year checks were completed late</b></li> <li>• Staff hired before 1/1/13 - the first recheck is due 5 years from the date of the last check; as long as the previous check included the BCII, Abuser Registry, Nurse Aide, and FBI as applicable</li> </ul>		
7.7	<p>Did the provider ensure that direct services are only provided by employees who do not have a disqualifying offense and who are not included on any of the databases identified in rule?</p> <p>5123:2-2-02</p>	<ul style="list-style-type: none"> <li>• Please refer to Section G of the background check rule for employees with Tier 4 offenses who were hired prior to 1/1/13.</li> </ul>		

## OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
7.8	Did the ICF-IID staff, prior to direct contact with individuals, sign a statement attesting that the staff person would notify the ICF-IID within 14 days if they are ever charged with, plead guilty to, or are convicted of a disqualifying offense? 5123:2-2-02			
7.9	Did the ICF-IID staff, prior to direct contact with individuals, sign a statement attesting that the staff person has never plead guilty to or been convicted of a disqualifying offense? 5123:2-2-02			
7.10	For ICF-IID staff members who are responsible for transporting individuals, did the ICF-IID ensure that a Driver's Abstract was completed prior to transporting individuals? 5123:2-2-02	<ul style="list-style-type: none"> <li>• An unofficial abstract document is acceptable.</li> <li>• The abstract should come from the state where the employee lives.</li> </ul>		
7.11	For ICF-IID staff members who are responsible for transporting individuals, does the staff person have a valid driver's license? 5123:2-2-02	<ul style="list-style-type: none"> <li>• Ask provider how they ensure a valid driver's license.</li> </ul>		
7.12	Is the staff person at least 18 years or age? 5123:2-2-02	<ul style="list-style-type: none"> <li>• Check driver's license, application or State ID</li> </ul>		
7.13	If the staff person was hired after 2/1/2000 and is administering medications, does the staff person have a high school diploma or GED? 5123:2-3-07	<ul style="list-style-type: none"> <li>• Review with the provider their system to verify a high school diploma or GED only when it has been determined that the staff person in the sample is administering medications via Medication Administration or Delegation</li> </ul>		
7.14	If the staff person administers medication does the person have the appropriate certification for: <ul style="list-style-type: none"> <li>• Oral or topical medications (Category 1)</li> <li>• G-tube/J-tube (Category 2)</li> </ul>	<ul style="list-style-type: none"> <li>• Certification can be verified online.</li> <li>• This only applies when it has been determined that the staff person in the sample is administering medications via Medication Administration.</li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	<ul style="list-style-type: none"> <li>• Insulin injections (Category 3) 5123:2-3-06</li> </ul>			
7.15	Does professional staff have required licenses/certifications? 5123:2-3-07	<ul style="list-style-type: none"> <li>• Includes nursing license, social work licenses, OT/PT licenses, etc.</li> </ul>		
7.16	Did the ICF-IID staff have current CPR certification? 5123:2-3-07	<ul style="list-style-type: none"> <li>• Required for all staff who work alone in the ICF-IID including nurses.</li> <li>• Look at proof that if CPR training is taken online, there is verification of hands-on return demonstration.</li> </ul>		
7.17	Did the ICF-IID staff have current first aid certification? 5123:2-3-07	<ul style="list-style-type: none"> <li>• Required for all staff who work alone in the ICF-IID.</li> <li>• Licensed nurses are not required to have first aid certification.</li> <li>• Look at proof that if FA training is taken online, there is verification of hands-on return demonstration.</li> </ul>		
7.18	For direct service staff, hired after 10/1/09, did the staff person receive initial training prior to providing services with individuals that included: <ul style="list-style-type: none"> <li>• Initial rights training</li> <li>• Initial MUI training</li> </ul> 5123:2-3-08	<ul style="list-style-type: none"> <li>• Look for initial training only for staff hired after 10/1/09.</li> </ul>		
7.19	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP? 5123:2-3-08	<ul style="list-style-type: none"> <li>• Verify by reviewing documents and interviews with direct care staff.</li> <li>• Staff training on BSPs is required for all aversive Behavioral Support Plans.</li> <li>• What system does the provider have to assure all staff understands each individual plan (IP)?</li> </ul>		
7.20	For all direct service staff, did the staff person, have initial training on the actions to take in the event of a fire or other emergency? 5123:2-3-11	<ul style="list-style-type: none"> <li>• Training must occur within 30 days of employment and be specific to each setting in which the employee works alone.</li> </ul>		

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Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> <li>• Training must specifically cover actions to take in the event of a fire and tornado.</li> </ul>		
7.21	Did the ICF-IID staff have annual MUI training? 5123:2-17-02	<ul style="list-style-type: none"> <li>• Training is in compliance if it is received during each calendar year. (not required to be within 365 days)</li> <li>• Should include training on all alerts issued over the last year.</li> </ul>		
7.22	Did the ICF-IID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry? 5123:2-17-02	<ul style="list-style-type: none"> <li>• This may be included in the annual MUI training.</li> <li>• Review with the provider their system to verify how they provide annual notification to staff.</li> </ul>		
7.23	Did the ICF-IID staff have annual training on the rights of individuals with DD? 5123:2-3-08	<ul style="list-style-type: none"> <li>• Training is in compliance if it is received during each calendar year (not required to be within 365 days).</li> </ul>		
7.24	Did the ICF-IID staff have annual training in fire and emergency response? 5123:2-3-11	<ul style="list-style-type: none"> <li>• Training must be received during each calendar year (not required to be within 365 days) and be specific to each setting in which the employee works alone.</li> <li>• Training must specifically cover actions to take in the event of a fire or tornado.</li> </ul>		
7.25	Did staff interact appropriately with the individual(s)? 5123:2-3-04	<ul style="list-style-type: none"> <li>• During observation, were staff respectful, attentive, and non-threatening, etc?</li> <li>• Look for house rules, signs, notes, etc.</li> </ul>		

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

***SECTION 8 – PHYSICAL ENVIRONMENT***

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
8.1	Does the ICF-IID have current fire inspections? 5123:2-3-02	<ul style="list-style-type: none"> <li>Required once per calendar year (not required to be every 365 days).</li> </ul>		
8.2	Does the ICF-IID have current water inspections? 5123:2-3-02	<ul style="list-style-type: none"> <li>Required once per calendar year (not required to be every 365 days).</li> <li>Only required if not connected to city water.</li> </ul>		
8.3	Does the ICF-IID have current sewer inspections? 5123:2-3-02	<ul style="list-style-type: none"> <li>Required once per calendar year (not required to be every 365 days).</li> <li>Only required if not connected to city sewer.</li> </ul>		
8.4	Has the ICF-IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-11	<p>Fire Drills:</p> <ul style="list-style-type: none"> <li>6 per 12 mos. (at least 2 in a.m., 2 in p.m. and 1 during sleep hours).</li> </ul> <p>Tornado Drills:</p> <ul style="list-style-type: none"> <li>1 per 12 mos.</li> <li>Plan of improvement identified in drill analysis/IP should address refusals to participate in drills and special assistance needs when applicable.</li> </ul>		
8.5	Does the ICF-IID have an emergency response/fire plan? 5123:2-3-11	<ul style="list-style-type: none"> <li>This is an overall plan for the facility that addresses;</li> <li>The facility’s staff training policy,</li> <li>Where individuals will be relocated in the event that the facility is unavailable,</li> <li>Who to call within the organization to report emergencies, etc.</li> <li>Provider should have a signed approval from local fire authority, State Fire Marshall’s office or a letter</li> </ul>		

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		from DODD stating that plan is approved.		
8.6	When there is a swimming pool on the grounds, is the pool only used in the presence of staff with a; <ul style="list-style-type: none"> <li>• A current water safety instructor certificate OR</li> <li>• A senior lifesaving certificate OR</li> <li>• An adapted aquatics certificate</li> </ul> 5123:2-3-07	<ul style="list-style-type: none"> <li>• Required for licensed facilities and CB.</li> </ul>		
8.7	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner? 5123:2-3-10	<ul style="list-style-type: none"> <li>• Good repair and sanitary means the building is free from danger or hazard to the health of the person(s) occupying it as well as, free from strong odors, pests and mold.</li> <li>• All windows and doors that open should have screens or screen doors in good repair in order to keep out pests.</li> </ul>		
8.8	Are there appropriate and comfortable equipment, furniture and appliances in good condition except for normal wear and tear adequate to meet the needs and preferences of the individual? 5123:2-3-10	<ul style="list-style-type: none"> <li>• Furniture and equipment should be safe.</li> <li>• Equipment also includes working smoke detectors and fire extinguishers on each floor and at least one carbon monoxide detector for homes with gas heat, dryers or stoves.</li> <li>• The home should have equipment necessary based on the needs of the individuals served (i.e.: grab bars, ramps, visual fire alarms, etc.)</li> </ul>		
8.9	Are the entrances, hallways, corridors and ramps clear and unobstructed? 5123:2-3-10	<ul style="list-style-type: none"> <li>• If issues found have the ICF-IID correct immediately.</li> </ul>		
8.10	Is there an accurate graphic floor plan posted on each floor? 5123:2-3-11	<ul style="list-style-type: none"> <li>• Plan should accurately identify exits, fire extinguishers, emergency numbers, outside meeting place and tornado evacuation area.</li> </ul>		

## OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
8.11	Are toxic and combustible substances stored in a safe manner and separate from food and perishable items? 5123:2-3-11	<ul style="list-style-type: none"> <li>Safe manner does NOT have to mean locked, individuals who have the ability to handle these types of items should be trained to do so.</li> </ul>		
8.12	Does the program/facility have suitable first aid facilities, equipment and/or supplies? Is there access to emergency services? 5123:2-3-10	<ul style="list-style-type: none"> <li>First aid supplies should be monitored and restocked to ensure there are ample and current supplies.</li> <li>For ICF-IIDs, that have a nursing or medical department, this question should be answered as compliant.</li> </ul>		
8.13	If assistance is required per the IP, is the hot water maintained at a safe temperature for the individual? 5123:2-3-10	<ul style="list-style-type: none"> <li>Ask how staff ensures that hot water is maintained at a safe temperature.</li> </ul>		
8.14	Does the time out room/area have adequate lighting and ventilation? 5123:2-2-06	<ul style="list-style-type: none"> <li>Ensure that lighting and ventilation are properly working</li> </ul>		
8.15	Does the time out room appear safe from hazardous conditions including, but not limited to, the presence of sharp corners or objects, uncovered light fixtures or uncovered electrical outlets? 5123:2-2-06	<ul style="list-style-type: none"> <li>View inside the time out room/area</li> <li>View the room from the individual's perspective.</li> </ul>		
8.16	Was the home/facility maintained at a comfortable temperature preferred by the individual(s)? 5123:2-3-10	<ul style="list-style-type: none"> <li>Review IP for any behaviors or medical conditions requiring the home/facility to be maintained at a specific temperature.</li> <li>Ensure that thermostats are not locked unless included in the IP or BSP.</li> </ul>		
8.17	Was the individual able to independently get around his/her home? 5123:2-3-10	<ul style="list-style-type: none"> <li>Were doors wide enough for wheelchairs, were there hand rails and grab bars where needed, ramps, etc.</li> </ul>		
8.18	Are supplies and materials available as needed (i.e.: hygiene supplies, habilitation materials, activities, etc.)? 5123:2-3-04	<ul style="list-style-type: none"> <li>Look to see if individuals are actively engaged in activities.</li> </ul>		

## OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
		<ul style="list-style-type: none"> <li>Look to see if there are adequate supplies in bathrooms, hygiene kits, etc.</li> </ul>		

## OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL

### SECTION 9 – ICF-IID ADMINISTRATION

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
9.1	Is the provider/facility following all applicable local, state, and federal rules and regulations? 5123:2-3-04	<ul style="list-style-type: none"> <li>Any citations for this question must be approved by a manager prior to use.</li> </ul>		
9.2	Were records maintained in a confidential manner and available upon request? 5123:2-3-13	<ul style="list-style-type: none"> <li>This includes signs/notes visible to visitors.</li> </ul>		
9.3	Were individuals attending day programming at a building at least 200 feet from the ICF-IID? 5123:2-3-24	<ul style="list-style-type: none"> <li>All individuals should be attending an off-site day activity setting unless otherwise indicated in the IP as contraindicated for the individual.</li> <li>Off-site is defined as any building that is located at least 200 feet from the ICF-IID.</li> <li>A provider who was providing on-site day activity services prior to 7/1/05 may continue to do so.</li> </ul>		
9.4	Was there evidence that waiver funded services, other than institutional respite, was being provided either in the ICF-IID or on the grounds of the ICF-IID?  CMS 2296-F	<ul style="list-style-type: none"> <li>HCBS waiver funded services may not be provided in or on the grounds of an ICF-IID unless the individual is receiving supported employment as an employee of the ICF-IID</li> </ul>		
9.5	If the facility is operating at its licensed capacity? 5123:2-3-02	<ul style="list-style-type: none"> <li>Look at the census of the facility to ensure that the facility is not serving more individuals than their licensed capacity.</li> <li>If more individuals are residing in the facility ensure that a waiver of licensed capacity is in place that covers the date of the survey.</li> </ul>		
9.6	Does the provider ensure that records related to the provision of services are maintained by the provider for a minimum of six years?	<ul style="list-style-type: none"> <li>These records can be stored electronically.</li> </ul>		

**OPSR PROVIDER COMPLIANCE ICF-IID REVIEW TOOL**

Question #	Question	Guidance/Additional Information	Compliant <i>Yes/No</i>	Plan of Correction <i>(If not compliant)</i>
	5123:2-3-13			